TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. 17.003011 CON 2		
In Re Application Of: Harrington, et al							
Application No.		Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/812,476		03-29-04	Roane, Aaron, F	38732	3769	3267	
Title: Method and Apparatus for Tubal Occlusion							
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
37 CFR 1.97(b)							
1.	1. The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.						
	37 CFR 1.97(c)						
2. 🗵	CFR 1.97(Final Actio	The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:					
☐ the statement specified in 37 CFR 1.97(e);							
OR							
	⊠ the f	ee set forth in 37 CF	R 1.17(p).				

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. 17.003011 CON 2 (Under 37 CFR 1.97(b) or 1.97(c)) Harrington, et al In Re Application of: Group Art Unit Confirmation No. Customer No. Examiner Filing Date Application No. 3267 03-29-04 Roane, Aaron, F 38732 3769 10/812,476 Method and Apparatus for Tubal Occlusion Title: Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) A check in the amount of is attached. The Director is hereby authorized to charge and credit Deposit Account No. 502855 as described below. Charge the amount of Credit any overpayment. XCharge any additional fee required. ☐ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Certificate of Mailing by First Class Mail Certificate of Transmission by Facsimile* I hereby certify that this correspondence is being deposited I certify that this document and authorization to charge deposit with the United States Postal Service with sufficient postage account is being facsimile transmitted to the United States as first class mail in an envelope addressed to Patent and Trademark Office (Fa "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) (Date) Signature of Person Mailing Correspondence Signature Typed or Printed Name of Person Mailing Certificate Typed or Printed Name of Person Signing Certificate *This certificate may only be used if paying by deposit account. Dated: December 7, 2009 /Marc A. Vivenzio/ Signature Marc A. Vivenzio, Reg. No. 52,326 Hologic, Inc. 250 Campus Drive Marlborough, MA 01752 Tel: 508-263-8504 Fax: 508-263-2959 CC: